

Bill no.:	HR 5573
Amendment no.:	2
H.L.C.	
Date offered:	6/15/06
Disposition:	Withdrawn

AMENDMENT TO H.R. 5573
OFFERED BY MR. BURGESS OF TEXAS AND MR.
STUPAK OF MICHIGAN

[Community Health Center Reauthorization Act of 2006]

Add at the end of the bill the following:

1 **SEC. 4. WAIVER OF CERTAIN REQUIREMENTS FOR MEDI-**
2 **CARE AND MEDICAID TREATMENT AS LOOK-**
3 **ALIKE FEDERALLY-QUALIFIED HEALTH CEN-**
4 **TERS (FQHCS).**

5 (a) **MEDICARE.**—Section 1861(aa)(4) of the Social
6 Security Act (42 U.S.C. 1395x(aa)(4)) is amended by add-
7 ing after and below subparagraph (D) the following: “In
8 applying subparagraph (B) for a period not to exceed two
9 years with respect to any health center, the Secretary may
10 waive the requirement of section 330(k)(3)(H)(i) of the
11 Public Health Service Act (relating to majority consumer
12 board) and the requirement that a center not be owned,
13 controlled, or operated by another entity in order to in-
14 crease access to health care services, especially as this re-
15 lates to low-income and uninsured individuals and fami-
16 lies.”.

17 (b) **MEDICAID.**—Section 1905(l)(2)(B) of such Act
18 (42 U.S.C. 1396d(l)(2)(B)) is amended by adding at the

1 end the following: "In applying clause (iii) for a period
2 not to exceed two years with respect to any health center,
3 the Secretary may waive the requirement of section
4 330(k)(3)(H)(i) of the Public Health Service Act (relating
5 to majority consumer board) and the requirement that a
6 center not be owned, controlled, or operated by another
7 entity in order to increase access to health care services,
8 especially as this relates to low-income and uninsured indi-
9 viduals and families."

10 (c) REPORTS ON IMPACT.—

11 (1) IN GENERAL.—The Secretary of Health and
12 Human Services shall submit to the Committee on
13 Energy and Commerce of the House of Representa-
14 tives and to the Committee on Health, Education,
15 Labor and Pensions of the Senate—

16 (A) not later than 18 months after the
17 date of the enactment of this Act, an interim
18 report; and

19 (B) not later than 30 months after such
20 date of enactment, a final report,
21 on the waiver authority provided under the amend-
22 ments made by this section.

23 (2) CONTENT.—Each such report shall
24 include—

1 (A) an evaluation of the effectiveness of
2 the waiver authority in providing greater access
3 to primary and preventive care for medically
4 underserved populations (including individuals
5 eligible for benefits under Federally funded
6 health care programs);

7 (B) a comparison of the mix of patients
8 served by entities obtaining the benefit of the
9 waiver authority and those entities that are re-
10 ceiving grants under section 330 of the Public
11 Health Service Act or have been determined to
12 meet the requirements for receiving such a
13 grant;

14 (C) a comparison of patient outcomes, pa-
15 tient satisfaction, and community responsive-
16 ness for the categories of entities described in
17 subparagraph (B); and

18 (D) an assessment of whether cost effi-
19 ciencies were achieved, in relation to Federally
20 funded health care programs, by entities that
21 obtain the benefit of the waiver authority.